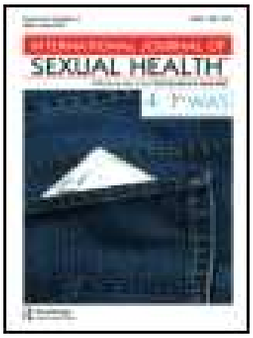

International Journal of Sexual Health

ISSN: 1931-7611 (Print) 1931-762X (Online) Journal homepage: http://www.tandfonline.com/loi/wijs20

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To cite this article: Ramiro Figueiredo Catelan , Angelo Brandelli Costa & Carolina Saraiva de Macedo Lisboa (2017): Psychological Interventions for Transgender Persons: A Scoping Review, International Journal of Sexual Health, DOI: 10.1080/19317611.2017.1360432

To link to this article: http://dx.doi.org/10.1080/19317611.2017.1360432

Accepted author version posted online: 03 Aug 2017.
Published online: 03 Aug 2017.

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INTERNATIONAL JOURNAL OF SEXUAL HEALTH
https://doi.org/10.1080/19317611.2017.1360432

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Psychological Interventions for Transgender Persons: A Scoping Review

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ABSTRACT
This study aimed to investigate psychological interventions for transgender persons, aiming to highlight their goals, theoretical background and methods. A scoping review was conducted in four databases, ranging from 1980 to 2015. Selection led to a final sample of 36 articles. The goals of psychological interventions are unclearly described in many studies. Different background theories were identified and in some studies, these were not clearly explained and presented no epistemological considerations. The publishing of more empirical studies, with an affirmative standpoint toward gender identity and stricter scientific rigor, is needed to support and strengthen interventions.

ARTICLE HISTORY
Received 8 August 2016
Revised 28 June 2017
Accepted 22 July 2017

KEYWORDS
Psychological studies; psychotherapy; transgender; gender dysphoria; gender identity

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Transgender is a concept that refers to persons who do not identify with the sex assigned to them at birth, as opposed to cisgender individuals, who identify with the sex assigned to them (Ansara & Hegarty, 2012; Lev, 2004). Because of minority stressors such as stigma and discrimination, transgender persons are vulnerable to numerous violations. Social exclusion and prejudice are common events in their lives, frequently accompanied by experiences of violence, labor discrimination, suicide and homicide, among other issues (Borden, 2015; Fredriksen-Goldsen et al., 2014a; Nadal, Davidoff, Davis, & Wong, 2014).

Although violence against cisgender gay men and lesbian women is more visible (e.g., because of widespread knowledge of homophobia at the expense of transphobia), violence toward transgender persons is proportionally different and is often magnified (Fredriksen-Goldsen et al., 2014a, 2014b). In a 1-year period (2012–2013), homicides of transgender persons have been registered in 26 countries, with the most cases occurring in Brazil (95), Mexico (40), the United States (16), and Venezuela (15), followed by Honduras (12), Colombia (12), and El Salvador (5). From 2008 to 2013, 1.074 murders of transgender people were registered in Central America and South America, with 539 records in Brazil alone (Transgender Europe, 2013). These alarming numbers suggest a disregard of public policies regarding transgender persons that deprives them of basic human rights.

Rights violations directed toward this population can occur in subtle ways, including harmful systematic microaggressions (Nadal et al., 2014). Daily experiences of helplessness, violence, and discrimination affect the quality of life of transgender persons, whose lives, in most countries, are controlled by the state and by social morality. This situation entails a variety of difficulties, including mental health complications throughout life, precarious access to health services, internalized stigma, lack of support, unemployment, and high rates of depressive symptoms and suicide (American Psychological Association [APA], 2015; Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Clements-Nolle, Marx, & Katz, 2006; Fredriksen-Goldsen et al., 2014a, 2014b; Lev, 2004). For example, there is evidence of a significant number of suicide attempts and deaths by suicide among transgender persons in the United States (Haas, Rodgers, & Herman, 2014). Another study in the United States found alarming rates of self-aggressive behavior in transgender persons (41.9% of the surveyed sample; Dickey, Reisner, & Juntunen, 2015).

In the clinical arena, *cissexism*, or the ideology that disregards the self-designation of transgender persons, may impair therapeutic relationships.

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Psychotherapeutic practices can often be driven by cissexist perspectives. These perspectives affect the processes of psychotherapy and the therapeutic relationship, and may lead to inappropriate questions and interventions, with relevant ethical and clinical implications (Blumer, Ansara, & Watson, 2013).

Cissexist assumptions often guide scientific research on transgender persons that treats transgender identity, per se, as a mental disorder (Ansara & Hegarty, 2012; Blumer et al., 2013; Tate, Youssef, & Bettergarcia, 2014). The *DSM-IV* established a gender identity disorder diagnosis to describe persons who do not identify with the gender assigned to them at birth, thereby facilitating access to gender affirmation procedures but pathologizing transgender identity and fomenting mental health diagnostic stigma (American Psychiatric Association, 2000). The *DSM-5* (American Psychiatric Association, 2013) changed the criteria to gender dysphoria, highlighting the discomfort with an incongruent body and the social stigma associated with transgenderism. Thus, it is considered a transitory condition (in terms of diagnosis) that can be resolved with gender affirmation procedures and social changes.

APA guidelines stress the importance of avoiding sexual orientation and gender identity biases when conducting scientific research to respect the rights of participants and prevent distorted results (APA, 2015). Without consideration of this recommendation, scientific studies often adopt cissexist assumptions that may significantly impact their findings (Blumer et al., 2013).

Psychological interventions are defined as use of psychological techniques to solve mental health demands (such as psychotherapy for gender affirmation, e.g.); psychological interventions that aim to promote positive outcomes should be driven by evidence-based practices and should consider structured competencies such as assessment, diagnostic judgment, treatment planning, treatment implementation and monitoring of the process (APA, 2006). Evidence indicates that psychological interventions may be effective to minimize and eliminate the harmful effects of situations involving violence or other rights violations (Iverson et al., 2011; Melo, Silva, Donat, & Kristensen, 2013). Research on psychological interventions and the lesbian, gay, bisexual, and transgenderer (LGBT) population has shown that depressive symptoms resulting from social stigma may be reduced and a positive impact on the quality of life of these persons can be observed (Ross, Doctor, Dimito, Kuehl, & Armstrong, 2008). It is important to develop psychological strategies and interventions that can provide aid while considering the specificities of work and care with this population (Vanderburgh, 2009). The development of psychological interventions focused on the demands of transgender persons may generate benefits that can protect them from daily confrontation with violence and discrimination (APA, 2009, 2015; Borden, 2015; Nadal et al., 2014). Although some countries have a history of respecting human rights and validating transgender identity and expression, the degree of basic rights violations that this population encounters in most parts of the world is striking (Transgender Europe, 2013), which justifies the need for the development and evaluation of psychological intervention for transgender persons in affirmative perspective, to help them stand for their rights and to improve their quality of life.

An extensive systematic review of studies on psychotherapy and counseling for the LGBT population has been published (King, Semlyen, Killapsy, Nazareth, & Osborn, 2007). However, although the LGBT acronym is generic and broad, the review did not focus on specific concerns related to transgender persons.

It seems necessary to conduct an analysis of psychological interventions focusing solely on transgender persons, due to their specific demands across lifespan. In this review, we considered psychological interventions as those that aim to establish psychotherapeutic or counselling process on gender identity matters; other psychological technics that could be read as interventions such as psychological evaluations were not taken into account.

Objectives

This study aims to conduct a scoping review of psychological interventions for transgender persons in the scientific literature, since there is a gap of literature reviews concerning this matter. It focuses on identifying the objectives, methods, and theories that support these interventions. It also aims to offer a criticism on the methodological care of the selected studies.

Method

This study is conducted through a scoping review, which aims to map and assess a wide range of

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literature. It differs from systematic or narrative literature reviews, because it aims to assess the breadth of what has been written about the content of included studies (Levac, Colquhoun, & O'Brien, 2010). The option not to make a classical and more rigorous systematic review was taken due to the scarce literature available on the trend and the qualitative and descriptive nature of the selected studies, which makes difficult to conduct a review following the typical guidelines of a systematic review, that include robust statistical analysis and meta-analysis procedures (Akobeng, 2005). Scoping studies may be especially relevant to trends with emerging evidence and lack of empirical literature, such as psychological interventions for transgender persons.

The search was conducted in Pubmed, Lilacs (Latin American and Caribbean Center on Health Sciences Information), PsycINFO, and Web of Science databases, chosen for their relevance to the field. Peer-reviewed articles published between 1980 and 2015 were consulted. Time period decision considered actual and past frameworks on psychological interventions and psychotherapy for transgender persons. Keywords for the search were (transgender OR gender identity disorder OR gender dysphoria OR transsexualism) AND (psychological intervention OR psychotherapy OR psychological counseling). Although the authors agree with the notion that non-conforming (including nonbinary) gender identities are a variation of normality, the terms *gender dysphoria*, *gender identity disorder*, and *transsexualism* were included in this review to maximize results. In previous scientific research, transgenderism is often considered a mental disorder. Thus, the inclusion of the psychiatric nosology became mandatory (Ansara & Hegarty, 2012; APA, 2009, 2015; Budge, 2015; Ehrensaft, 2012). If these terms were not included in the search, the results would tend to show only publications that respect the notion of gender identity.

The inclusion criteria were as follows (a) scientific papers published in indexed journals; (b) published between January 1980 and September 2015; (c) written in English; (d) published in peer-reviewed journals; and (e) empirical articles describing, reporting, or analyzing psychological interventions for transgender persons. The exclusion criteria were (a) articles with no abstract; (b) articles not available in full text; (c) purely theoretical or narrative/scoping/systematic reviews; and (d) articles without transgender persons as participants.

The search was conducted on October 8, 2015, by two independent investigators, who analyzed the material independently to ensure the internal validity of the scoping review, using an iterative team approach to selecting studies (Levac et al., 2010). Initially, 502 articles were found: 157 in PsycINFO, 126 in Pubmed, 170 in Web of Science, and 49 in Lilacs. After applying the language filter and excluding abstracts, 72 articles remained: 35 from PsycINFO, 19 from Pubmed, nine from Web of Science, and nine from Lilacs. From this point, whenever abstracts were insufficient to determine the inclusion or exclusion of an article, the full text was read.

In the following stage, theoretical studies with clinical case examples and psychotherapy sessions were included. This decision was taken due to the scarce literature on the trend and considering that the methodologies applied in the selected studies were not strong and did not use standardized measures to evaluate outcomes. The decision of including theoretical articles with clinical case examples also goes in the direction of offering a criticism on the methodological approach used in the studies, because there is a gap of clinical trials and more robust research designs on the literature concerning psychological interventions for transgender persons. The subject number was small—mostly case studies—and therefore difficult to quantify, given their heterogeneity. Quantitative methods were not used for interjudge reliability on the quality and selection of the studies. When there was no agreement, consensus was sought through the analysis of the disagreements in both the quality and the selection of the studies.

Thus, nine articles were excluded after the full texts were read because they were not empirical or theoretical articles describing cases of psychological interventions. Among the 67 articles, 27 were duplicates and were therefore excluded. There were unsuccessful attempts to contact by email the authors of the studies that were not available full-text. The final sample comprised 36 articles, which were analyzed in accordance with the objectives of this study. Figure 1 illustrates the steps of the search and article selection.

Results

This study identified few recently published papers about psychological interventions for transgender

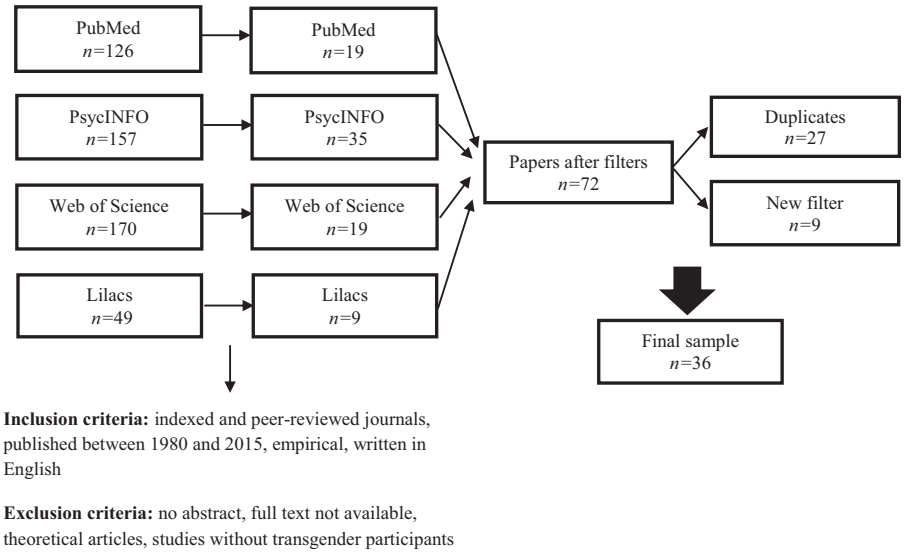

Figure 1. Summary of the data collection process.

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persons. From 2010 to 2015, nine articles were published (Bernal & Coolhart, 2012; Budge, 2013, 2015; Ehrensaft, 2012; Hakeem, 2010; Heck, Croot, & Robohm, 2015; King, 2012; Neufeld, 2014; Winograd, 2014). From 2000 to 2009, 10 articles were published (Embaye, 2006; Fraser, 2009a, 2009b; Grajfoner, 2009; Hakeem, 2008; Parfitt, 2007; Quinodoz, 2002; Swann & Herbert, 2000; Yüksel, Kulaksizoğlu, Türksoy, & Şahin, 2000; Winston, Acharya, Chaudhuri, & Fellowes, 2004). From 1990 to 1999, eight articles were published (Babinski & Reyes, 1994; Coates, Friedman, & Wolfe, 1991; Cohen-Kettenis & van Goozen, 1998; Haber, 1991; Loeb, 1992; Lothstein, 1993; Marks & Mataix-Cols, 1997; Meyenburg, 1999). From 1980 to 1989, nine articles were published (Khanna, Desai, & Channabasavanna, 1987; Kronberg, Tyano, Apter, & Wijsenbeek, 1981; Lim & Bottomley, 1983; Loeb & Shane, 1982; Lothstein & Levine, 1981; Price, 1985; Pruett & Dahl, 1982; Wise & Lucas, 1981; Wrate & Gulens, 1986). Table 1 presents the characteristics of the included studies.

Forty-eight percent of the studies were published between 1980 and 1999, which indicates that almost half of the scientific literature on the subject is relatively old. Regarding the origin of the studies, most were conducted in the United States (58%). The list also included England (21%), Canada (3%), Scotland (3%), the Netherlands (3%), India (3%) Israel (3%), Switzerland (3%), and Turkey (3%).

Although we conducted a search on international databases, including a Latin American and Caribbean database (Lilacs), no studies from Latin American, African, or Oceanian countries were found, which suggests a low number of studies on this topic or the noninternationalization of the findings. One factor that might explain this absence is the lack of official recognition of non-normative gender identity, which in turn leads to a deficit in the understanding of gender identity within an affirmative framework and to a reduced number of studies worldwide. A summary of the findings can be seen on Table 2.

Most studies (61%) comprised a sample of only one participant; 27% studies included two to five participants; and only 6% included more than five participants. Furthermore, 6% of the studies did not specify sample size, indicating methodological imprecision and a lack of objectivity in reporting the results. It is not possible to conduct generalizations or inferences regarding the studies identified in this search that had small samples or only one participant.

In most articles, there is little precision concerning the theoretical approach of psychological interventions. The determination of what psychological theories were used in the study was made through the analysis of keywords, methods and authors addressed. Psychoanalytic theories underlie 25% of the findings. In some cases, the findings are nonobjective and conflate reports of analysis sessions and psychoanalytic treatments. A new reading of the texts was required to understand the theoretical foundation of some interventions given the lack of clarity and poor textual presentation (Coates et al., 1991; Haber, 1991;

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Table 1. Characteristics of Included Studies.

Characteristics	*n*	%
Publication year		
2010–2015	9	25%
2000–2009	10	27%
1990–1999	8	23%
1980–1989	9	25%
Country of origin		
United States	21	58%
England	8	21%
Canada	1	3%
Scotland	1	3%
Netherlands	1	3%
India	1	3%
Israel	1	3%
Switzerland	1	3%
Turkey	1	3%
Theoretical approach		
Psychoanalytic orientation	9	25%
Nonspecified approaches	12	33%
Integrated approaches	5	13%
Behavioral therapy	2	5%
Systemic therapy	2	5%
Affirmative therapy	1	2%
True gender self child therapy	1	2%
Supportive therapy	1	2%
Interpersonal therapy	1	2%
Psychological coaching	1	2%
Sample size		
1 person	22	61%
2–5 persons	10	27%
More than 5 persons	2	6%
Nonspecified sample	2	6%
Participants' group age		
Children/adolescents	17	47%
Adults	19	53%
Study type		
Single-case and multiple case studies	24	66%
Theoretical studies with case examples	9	25%
Other	3	9%
Research methods		
Qualitative	31	85%
Quantitative	1	3%
Mixed	2	6%
Imprecise	2	6%
Intervention bias		
Conversion, reparative, negative	28	78%
Positive, affirmative	8	22%

Kronberg et al., 1981; Loeb, 1992; Loeb & Shane, 1982; Lothstein & Levine, 1981; Quinodoz, 2002). The aforementioned articles include confuse and scattered theoretical views, moral attributions with little scientific criteria, and the presence of judgments and interpretations that contribute to the perpetuation of stigma, labels, and stereotypes about transgender persons. Some recent psychoanalytic orientation models seek to break away from the heterosexism, binarism and essentialism historically instigated by psychoanalysis and seem open to thinking about trans-affirmative propositions (McBee, 2013). Some of the most recent articles in this search appear to confirm this orientation (Hakeem, 2008; King, 2012), although indicators of psychopathological and stigmatizing terminology and ontology regarding non-normative gender identities still seem to exist in current psychoanalytical literature (Parfitt, 2007; Winograd, 2014).

Systemic theories are also referenced (Bernal & Coolhart, 2012; Wrate & Gulens, 1986), as are behavioral therapies (Lim & Bottomley, 1983; Marks & Mataix-Cols, 1997), affirmative therapy (Embaye, 2006), supportive therapy (Swann & Herbert, 2000), psychological coaching (Grajfoner, 2009), psychoanalytically oriented true gender self child therapy (Ehrensaft, 2012), interpersonal therapy (Budge, 2013), and integrated approaches (Budge, 2015; Fraser, 2009a; Hakeem, 2010; Heck et al., 2015; Kronberg et al., 1981). A considerable number of articles do not specify the theoretical approach used, entailing methodological and epistemological concerns (Babinski & Reyes, 1994; Cohen-Kettenis & van Goozen, 1998; Fraser, 2009b; Lothstein, 1993; Meyenburg, 1999; Neufeld, 2014; Price, 1985; Pruett & Dahl, 1982; Yüksel et al., 2000; Winston et al., 2004; Wise & Lucas, 1981).

Considering the participants' age groups, 47% of the studies described interventions with children/adolescents, whereas 53% of the studies had adults as participants. Qualitative research methods were used in 85% of the studies; 3% used quantitative methods; 6% used mixed/combined methods; and 6% were imprecise regarding methodology, even after a thorough analysis of the studies. The study that used quantitative methods was a description of a psychotherapy and gatekeeping process (Budge, 2015). We found no clinical trials or quasi-experimental designs or other robust outlining, and the qualitative methods were almost all singular clinical case descriptions.

Negative interventions, as well as conversation and reparative bias were found in 78% of the studies, whereas only 22% had a more positive or affirmative intervention approach. For the purposes of this review, all studies that used self-determined gender, gender affirmations and similar criteria were included as positive, according to transgender healthcare and psychological guidelines (APA, 2015; Borden, 2015; Coleman et al., 2011). Interventions were considered to be negative, reparative, or conversion-oriented when using diagnostic criteria without discussing their implications with patients, attempting to reverse person's gender self-identification, addressing transgender phenomena associated with psychopathology, or containing invalidating and stereotyped statements

Table 2. Summary of the Findings.

Author	Year	Sample (*n*)	Design	Theoretical approach
Kronberg et al.	1981	1	Single-case study	Integrated approaches
Lothstein & Levine	1981	4	Theoretical article with case examples	Not reported
Wise & Lucas	1981	1	Single-case study	Not reported
Loeb & Shane	1982	1	Single-case study	Psychoanalysis
Pruett & Dahl	1982	3	Case studies	Not reported
Lim & Bottomley	1983	1	Single-case study	Behavioral therapy
Price	1985	1	Single-case study	Not reported
Wrate & Gulens	1986	1	Single-case study	Systemic therapy
Khanna et al.	1987	1	Single-case study	Behavioral therapy
Coates et al.	1991	1	Single-case study	Psychoanalysis
Haber	1991	1	Single-case study	Psychoanalysis
Loeb	1992	1	Single-case study	Psychoanalysis
Lothstein	1993	5	Theoretical article with case examples	Not reported
Babinski & Reyes	1994	1	Single-case study	Not reported
Marks & Mataix-Cols	1997	1	Single-case study	Behavioral therapy
Cohen-Kettenis & van Goozen	1998	1	Single-case study	Not reported
Meyenburg	1999	4	Theoretical article with case examples	Not reported
Swann & Herbert	2000	3	Theoretical article with case examples	Supportive therapy
Yüksel et al.	2000	4	Descriptive cases report	Not reported
Quinodoz	2002	1	Single-case study	Psychoanalysis
Winston et al.	2004	2	Case studies	Not reported
Embaye	2006	4	Theoretical article with case examples	Affirmative psychotherapy
Parfitt	2007	1	Single-case study case	Psychoanalysis
Hakeem	2008	4	Case studies	Psychoanalysis
Fraser	2009a	Not specified	Theoretical article with case examples	Integrated approaches
Fraser	2009b	1	Theoretical article with case examples	Not reported
Grajfoner	2009	6	Case studies	Psychological coaching
Hakeem	2010	1	Theoretically informed clinical study	Integrated approaches
Bernal & Coolhart	2012	3	Case study	Systemic therapy
Ehrensaft	2012	Not specified	Theoretical article with case examples	True gender self child therapy
King	2012	1	Single-case study	Psychoanalysis
Budge	2013	1	Single-case study	Interpersonal psychotherapy
Neufeld	2014	1	Theoretical article with case example	Not reported
Winograd	2014	1	Single-case study	Psychoanalysis
Budge	2015	1	Single-case study	Integrated approaches
Heck et al.	2015	10	Descriptive case report	Integrated approaches

in clinical accounts. Two researchers conducted these analysis; when there was no consensus a debate was held until a better conclusion was reached.

By means of a chronological analysis, older articles published between 1980 and 2000 were rated as more inclined to strongly reproduce psychopathological treatment logic. More recent papers were guided by an affirmative logic (Budge, 2013, 2015; Ehrensaft, 2012; Embaye, 2006; Fraser, 2009a, 2009b; Heck et al., 2015; Neufeld, 2014).

Many of the analyzed studies had precarious research designs, and a lack of more robust quantitative designs was noted. To better assess some phenomena regarding transgender issues, such as depressive and anxiety symptoms, suicidality, and drug abuse, it would be preferable to apply clinical trials in quasi-experimental designs. In many studies, objectives are not described accurately, methods are not easily found, and the sample size and underlying theories are not clearly presented, highlighting the precarious elaboration of results and the lack of objectivity in writing. Case studies constituted 66% of the findings, whereas 25% were theoretical studies with clinical case examples. Few empirical articles with more accurate methodology were found. These studies described investigative procedures and methodological and ethical criteria (Budge, 2015; Heck et al., 2015).

Discussion

The diagnosis and psychopathology logic is notably hegemonic in the reviewed studies. Transgender persons are not considered individuals with a gender identity that is divergent from established cisgender norms, but rather bearers of a mental disorder that is variously named as gender identity disorder, cross-gender disorder, gender dysphoria, or gender role disorder. Nevertheless, in a few papers, cultural, institutional, and normative notions regarding gender norms are discussed, which indicates the adoption of a binary and essentialist conception of gender that

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emerges from a social norm built upon stereotypes and gender prescriptions (Butler, 1990).

The depathologization of transgender identities is a recent political commitment (APA, 2009) not completely present in the framework used by the revised studies. It is partly present in the study by Budge (2015) when the author states that she made it clear to her patient, a transgender woman, that she did not agree with the inclusion of a gender dysphoria/gender identity disorder diagnosis in the psychological assessment report but stressed that that was a standard requirement of health insurance policies and medical protocols to finance genital reassignment surgeries. The patient was included in the process of revising and presenting the report and her opinion was considered, which demonstrates an important ethical concern.

The lack of criticism regarding gender is also highlighted. A significant number of papers introduce prescriptions and descriptions of what is to be expected of women and men, with no mention or criticism of the naturalization of these behaviors and the possible harmful effects of such gender role impositions, especially for people who do not adjust themselves to gender expectations imposed by cultural norms (Butler, 1990). Such practices are currently reproduced in routine psychological interventions. This is concerning because psychology has a historic tendency to disseminate cissexism and discrimination against gender identities that deviate from the cisgender norm (Ansara & Hegarty, 2012; APA, 2009, 2015).

A lack of conceptualization and epistemological discussion is noticeable in some articles. Fraser (2009a) presented a theoretical article with a clinical case example of a psychotherapeutic intervention model that seeks to integrate contributions from Jungian theory along with a psychoanalytical approach and post-structuralist gender theories. Epistemological purism is not advocated in this review; however, at no point are the marked differences between these three theoretical points of view discussed in the paper, and few connections are made between these theories and gender identity. The same lack of precision appears when Budge (2015) described the approach of the used intervention as interpersonal and psychodynamic. Heck et al. (2015) stated that their psychotherapeutic groups used interventions that were feminist, interpersonal, based on emotions and cognitive-behavioral, with no further information or detail about the nature of such interventions.

Budge (2015) aimed to highlight the importance of the gatekeeping process for transgender persons who undergo genital reassignment surgeries. A case study was presented for one patient with whom 24 individual psychotherapy sessions were conducted, as well as three additional sessions with the mother of the patient. Finally, assessment of the process was conducted through instruments and scales. This design is presumably not the most appropriate for the purposes of the study because the sample size is small and therefore does not provide solid evidence to support its main objective: to introduce an evidence-based model of a psychological intervention.

Heck et al. (2015) conducted three psychotherapy groups for transgender clients utilizing a processual/experiential model with interventions of integrated approaches. Group facilitators are described as biological women and men, as opposed to the participants, who are described as male-to-female (MtF) and female-to-male (FtM), terminology that is criticized by social movements that advocate gender depathologization and contested by the literature. The implications of having previous group members in the two following groups were not discussed, nor were the implications entailed by the fact that the facilitators were cisgender persons. Cissexist ideology is recurrent in psychological practice and may be expressed in subtle ways (Ansara & Hegarty, 2012; Blumer et al., 2013).

Lim and Bottomley (1983) and Wrate and Gulens (1986) described psychological treatments based, respectively, on behavioral therapy and systematic therapy to eliminate effeminate behavior in boys that use changes in environmental contingencies and that engage families in indoctrination processes based on psychoanalytic theories and moral foundations. These studies demonstrate theoretical and methodological confusion and serious ethical inadequacies. Both studies state that the interventions were successful but did not present formal measures; the results are also not described clearly. This type of approach is humiliating to transgender persons because it disrespects their identities and enforces moral conceptions about gender behavior and sexual orientation. In Lim and Bottomley's study (1983), the gender of the therapists is used as a behavioral adaptation instrument for a boy with effeminate behavior. At no point is the relevance of this approach criticized, which demonstrates

conformity with a view that makes a rule of gender stereotypes and seeks the subjection of persons to a social norm based on sex-gender-desire coherence (Butler, 1990).

In line with the studies described above, Khanna et al. (1987) reported that the goal of the therapy was to use psychological methods of treatment to reverse the gender identity of a transgender woman in an attempt to resolve gender dysphoria. A behavioral psychotherapy protocol was administered to the patient, who was subject to aversive therapy via electric shock with no consideration of the ethical and technical implications of this approach. Although the article was written before the 1990s, a method that aims to change the gender identity of a person raises consternation and strengthens the argument that many psychological practices were not guided by appropriate ethical and scientific criteria but by personal beliefs, moral assumptions and superficial common sense (Ansara & Hegarty, 2012; APA, 2009).

It is important to achieve a more thorough and profound understanding of the topic of psychological interventions through qualitative studies. However, relevant issues such as the reduction of depression and anxiety symptoms (Bockting et al., 2013), suicidality (Haas et al., 2014), and self-mutilation (Dickey et al., 2015) might be more effectively addressed through quantitative designs, such as clinical trials or, at least, case-control studies that can measure the effectiveness of psychological interventions for these phenomena.

It is striking that most of the empirical studies chose a cross-sectional research design. Some studies mention intervention follow-ups, but the lack of methodological precision and the poor quality of the article presentation hinder further analyses, even in quantitative terms. The lack of clinical trials and longitudinal studies may be explained in part by the difficulty of accessing transgender persons and conducting scientific investigations given the degree of basic rights violations that this population encounters in most parts of the world. The large amounts of prejudice suffered by this population may be another possible explanation that would justify a lack of interest from the scientific community in research on this topic (APA, 2009).

A small amount of studies investigated whether interventions were effective. Many of the revised articles provide strictly theoretical interpretations of psychoanalysis or psychotherapy sessions or even describe sections of specific techniques and interventions without covering the entire treatment. Budge (2015) and Heck et al. (2015), for instance, seek to analyze the process and the relevance of psychological interventions; however, they present inconsistencies related to generalizations on insufficient sample sizes or to the absence of adequate research methods and design. Studies with conversion bias that attempted to reverse the gender identity or behaviors that deviated from gender patterns established as natural and expected did not achieve their objectives or presented results in a synthetic, superficial, and inaccurate way. Interventions in these studies may have generated psychological distress and sequelae that were not assessed or described (Haber, 1991; Khanna et al., 1987; Lim & Bottomley, 1983; Loeb, 1992; Loeb & Shane, 1982; Marks & Mataix-Cols, 1997; Meyenburg, 1999; Price, 1985; Pruett & Dahl, 1982; Quinodoz, 2002; Winston et al., 2004; Wrate & Gulens, 1986).

It is also noticed that there is a lack of available standardized, reliable, and valid clinical measures specific to assessing treatment objectives among transgender individuals, which can be demonstrated in the large number of studies involving single patient cases and the lack of studies discussing the process and evaluation of the effectiveness of the interventions. Lack of rigor and methodological precision may compromise the quality of studies. Studies on psychological interventions for transgender persons must address challenges that come along with research with transgender population: relatively small population (and subsequent hard to get large sample), outcome measures, as well as the context of social, economic, and physical vulnerability to which transgender people are subjected in many countries.

It is critical to provide empirically supported interventions to address mental health issues; however, these interventions must be culturally adapted to ensure a clinical work that responds to minority populations (Cardemil, 2010). Recent research suggests that trans-affirmative psychotherapeutic work should consider specific minority stressors (e.g., victimization, discrimination, microaggressions) by working with these persons, understanding the harm effect of transphobic discrimination on mental health, and considering theoretical framework such as minority stress, which provides explanation on increased risk for

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negative outcomes and maladaptive behaviors among transgender persons (Austin & Craig, 2015). Considering that transgender persons are exposed to higher levels of gender-related victimization and discrimination, it is critical to address on psychological interventions' frameworks the unique and adverse experiences that are related to transgender and gender non-conforming persons, resulting expectations for future victimization or rejection, and internalized transphobia (Hendricks & Testa, 2012).

Although some recent research focus on positive and gender affirming interventions, old frameworks seemed to pathologize, stigmatize, and try to reverse gender identity, so it is important to consider and evaluate psychological interventions that follow both perspectives to point future direction while avoiding past 'mistakes'.

Final considerations

It is important to consider the limitations and biases of this study. Only indexed databases available online were consulted, which narrows the results. The methodological decision was made to search only for scientific articles and to exclude monographs, dissertations, and theses. This is another potential search bias that may have limited the scope of the research. The focus of the study was on identifying the objectives, methods, and theories that support these interventions in the field of psychology. In this sense, the nonuse of "gender identity" keyword represents another bias. The establishment of a specific period of publication (1980–2015) also represents a study limitation.

It is crucial to develop studies with clearer language, terminological precision and well-defined methodological and theoretical criteria because most of the studies show poor presentation and lack clarity and objectivity in reporting the results. Empirical studies and larger samples are needed to enable generalization and to clarify the importance of psychological interventions to promote mental health for transgender persons, which may support public health policies directed toward this population. In addition, it is suggested that future studies should adopt a more positive and affirmative standpoint toward gender identity, following the path of articles such as Budge (2015) and Heck et al. (2015) by increasing sample sizes and testing the intervention's effectiveness on various transgender issues.

Studies must consider not only the issue of gender identity but also variables and markers such as race, class, sexuality, and nationality. Investigations that disregard these aspects may tend to reduce and individualize analyses, as demonstrated in many articles found in this scoping review that seem to attempt to classify participants into strict theoretical models with no critical discussion about the research process and underlying theories.

The perspective of studies on psychological interventions for transgender persons has seemingly evolved from the 1980s and 1990s until now, with a more positive and affirmative connotation starting in the 2000s. It is important to stress that since Harry Benjamin's, but especially after the emergence of social and political movements toward depathologization, aversive and reversal interventions have been considered inefficacious and sources of psychological distress. More positive and affirmative interventions tend to be more effective, which suggests that more research should be conducted in this area.

Psychological interventions should be developed respecting the dignity of transgender persons and encompassing the depathologization of transgender identities. The psychopathological perspective perpetuates rights violations and reifies discrimination, violence and stigma (APA, 2009). In addition, it is essential for future studies to go beyond descriptions of psychological interventions by seeking to evaluate their effectiveness through appropriate methods and design supported by scientific rigor and concern with the ethical, theoretical, and technical issues of investigations.

It seems necessary to invest in training for psychologists to work with transgender persons. Professionals with no familiarity with issues related to dissident and nonnormative gender identities might cause harm when conducting therapy with transgender persons (Mikalson, Pardo, & Green, 2012). Thus, the formation of human resources that can provide interventions and treatments that respect gender identity and achieve therapeutic efficacy may be very important to reduce stigma and psychological distress, thereby contributing to a higher quality of life, well-being, and physical and mental health (APA, 2015; Rachlin, 2002).

Recent research points that psychotherapy can be aversive and fearful for transgender persons (Applegarth & Nuttall, 2016). Findings demonstrate that psychological interventions might overemphasize, underemphasize, or stigmatize transgender and gender

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nonconforming identities in psychotherapy sessions (Mizock & Lundquist, 2016). Psychological interventions must go on the contrary direction, bringing acceptance of self and hope, and constructing a therapeutic setting that can help the patient to face the adversities arising from an often hostile and disabling environmental context and alleviate mental health concerns not related to gender identity matters when it is the case.

Clinicians and researchers should focus on the development of psychological interventions focusing on integrating gender identity or tailoring current ones for them to be more trans-inclusive. For future studies, it is recommended that researchers address changes in cultural, linguistic, psychiatric, medical, and social milieu in the last decades, to provide a contextual and timeline analysis of the interventions. These interventions should consider psychological and biosociocultural factors such as health status, family support, social support, occupational status, quality of life, and race/ethnicity, to have greater contextual and ecological validity and respond in a more objective and attentive way to the diverse demands that transgender population faces around the world.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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